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**PATENT APPLICATION**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of

Akihiko UCHIYAMA, et al.

Appln. No.: 09/582,756

Group Art Unit: 1713

Filed: June 30, 2000

Examiner: Not Yet Assigned

For: RETARDATION FILM AND OPTICAL DEVICE EMPLOYING IT

**REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT**

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

Sir:

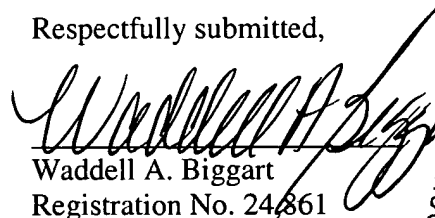
We enclose a copy of the Official Filing Receipt for the above-identified application and request the following correction:

Please amend TITLE to read: --RETARDATION FILM AND OPTICAL DEVICE EMPLOYING IT--.

Verification for the requested correction is indicated on the original Declaration and Power of Attorney filed October 29, 1999, and on the first page of the application as filed.

This error was caused by the PTO and therefore no fee is necessary.

Respectfully submitted,

  
Waddell A. Biggart  
Registration No. 24,861

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Date: September 7, 2000

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## FILING RECEIPT



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/582,756	06/30/2000	1713	1280	Q59834	8	26	2

SUGHRUE MION ZINN  
MACPEAK & SEAS  
2100 PENNSYLVANIA AVENUE NW  
WASHINGTON, DC 20037-3202

Date Mailed: 08/03/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

AKIHIKO UCHIYAMA, TOKYO, JAPAN;  
TAKASHI KUSHIDA, TOKYO, JAPAN;

## Continuing Data as Claimed by Applicant

THIS APPLICATION IS A 371 OF PCT/JP99/06057 10/29/1999

## Foreign Applications

JAPAN 10/310371 10/30/1998  
JAPAN 10/314761 11/05/1998  
JAPAN 11/94846 04/01/1999

If Required, Foreign Filing License Granted 08/03/2000

Title

--Retardation--  
PHASE DIFFERENCE FILM AND OPTICAL DEVICE USING IT  
--Employing--

## Preliminary Class

526

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Data entry by : ORDENEZ, MARTA

Team : OIPE

Date: 08/03/2000



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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/582,756	<b>FILING DATE</b> 06/30/2000 <b>RULE</b> -	<b>CLASS</b> 526	<b>GROUP ART UNIT</b> 1713	<b>ATTORNEY DOCKET NO.</b> Q59834
<b>APPLICANTS</b> AKIHIKO UCHIYAMA, TOKYO, JAPAN; TAKASHI KUSHIDA, TOKYO, JAPAN;  <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/JP99/06057 10/29/1999  <b>** FOREIGN APPLICATIONS *****</b> JAPAN 10/310371 10/30/1998 JAPAN 10/314761 11/05/1998 JAPAN 11/94846 04/01/1999				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 08/03/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after: _____ Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>[Signature]</u> Initials _____		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 26 <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> SUGHRUE MION ZINN MACPEAK & SEAS 2100 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20037-3202				
<b>TITLE</b> RETARDATION FILM AND OPTICAL DEVICE EMPLOYING IT				
<b>FILING FEE RECEIVED</b> 1280	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input checked="" type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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